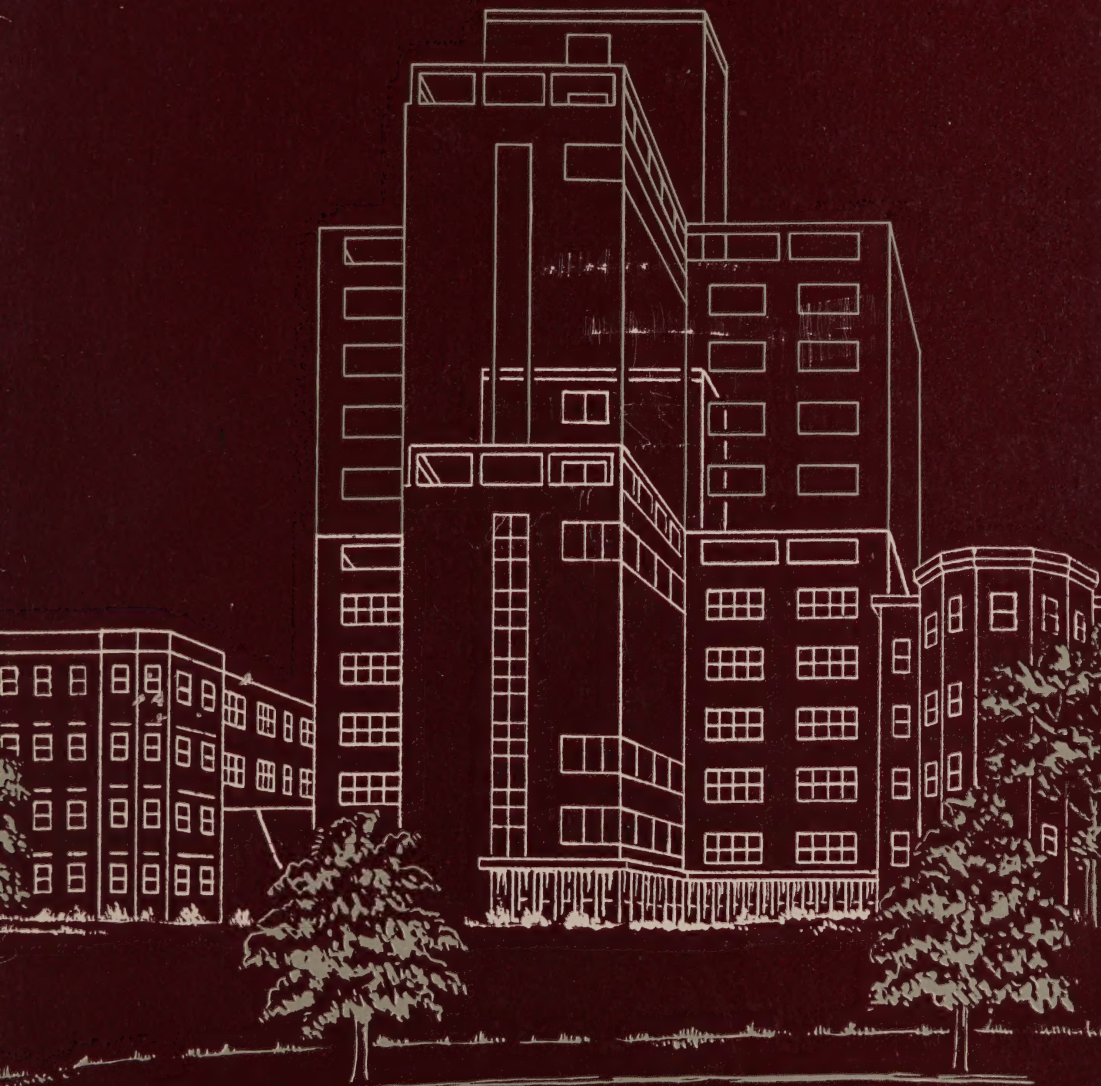




The New England

DEACONESS HOSPITAL

Annual Report 1951

Annual Report
for
1951



**THE NEW ENGLAND
DEACONESS HOSPITAL**

DEACONESS GENERAL

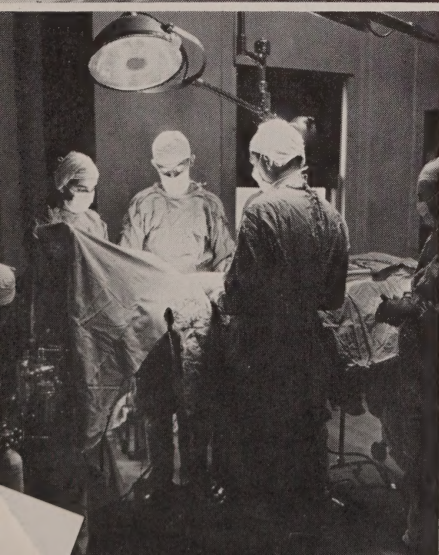
PALMER MEMORIAL

GEORGE F. BAKER CLINIC

CANCER RESEARCH INSTITUTE

SIXTEEN DEACONESS ROAD BOSTON 15, MASSACHUSETTS

The New England Deaconess Hospital is a member of the American Hospital Association, Massachusetts Hospital Association and the New England Hospital Assembly and is approved by all official approving agencies.



FOREWORD

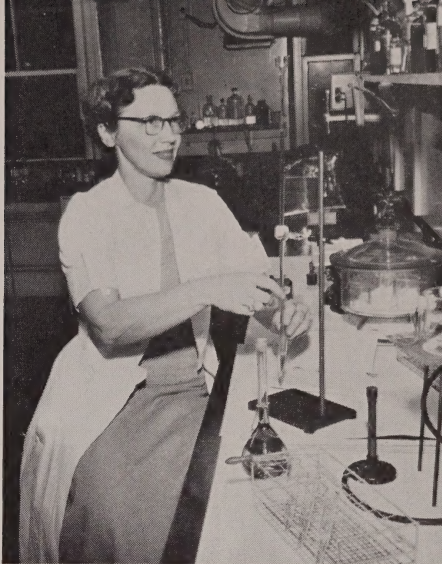
The New England Deaconess Hospital, although a general hospital, is widely known for the special work done here in diabetes, in brain, cancer, chest and thyroid surgery, and in cancer research and treatment.

Proud as we are of the skills and reputations of our staff of specialists, we want to emphasize the fact that the New England Deaconess has remained a general hospital . . . in fact, a better general hospital because of the standards set by its specialties.

This annual report to the Board of Trustees, the Members of the Corporation, and the Public, attempts to present a comprehensive picture of the activities of the New England Deaconess Hospital during the year 1951.

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67 Union Street, Worcester, Massachusetts

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Boston Safe Deposit & Trust Company
Boston, Massachusetts

CLERK

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27 State Street, Boston, Massachusetts

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Robert D. Lowry
Assistant Director

Beatrice Spargo
Night Superintendent

Ellen Adams
Personnel Director

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Public Relations Director

*Joseph K. Chamberlin
Purchasing Agent and Chief Pharmacist

Walter C. Emery
Executive Housekeeper and Laundry Manager

Gertrude S. Jameson
Social Service Director

Milton B. Nelson
Credit Manager

Olive L. Nelson
Director of Nursing Service and School of Nursing

Ruth E. Pendleton
Supervisor of Surgery

Donald L. Sabine
Superintendent of Maintenance and Engineering

Bertina Terkelsen
Office Manager

Pamela A. Whitney
Director of Volunteer Service

Effie May Winger
Dietitian in Chief

* Deceased



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George W. Lamb
J. Franklin McElwain
Robert H. Montgomery

Everett W. Pervere
Sinclair Weeks
Mrs. E. N. Wrightington
Roy A. Young

Term Expiring 1954

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Emory S. Bucke
Horace A. Carter
Paul F. Clark
Vincent P. Clarke

Paul A. Draper
John A. Dunn
Roger I. Lee, M.D.
Stanley O. MacMullen
Ernest A. Shepherd

Term Expiring 1955

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Howard D. Brewer
Miss Mabel T. Eager
Earl Johnson
William McNear Rand

Henry S. Rogerson
Howard W. Selby
Joseph P. Spang, Jr.
Donald B. Stanbro
Ralph E. Thompson

Term Expiring 1956

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Mrs. Roscoe A. Carter
Elliott P. Joslin, M.D.
Frank H. Lahey, M.D.
William O. LeFavre

John Wesley Lord
Matthew P. Scullin
William B. Snow
F. R. Carnegie Steele

Term Expiring 1957

Francis W. Capper
Harold C. Case
Miles C. Higgins
Laurence H. H. Johnson
Ralph Lowell

Mrs. Eugene H. Mather
Leland Powers
Glenwood J. Sherrard
Mrs. Sheldon E. Wardwell
Edward E. Whiting

Executive Committee

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John Barnard
*Francis W. Capper
*Vincent P. Clarke
John A. Dunn
Carl S. Ell

*John Wesley Lord
Henry S. Rogerson
Howard W. Selby
William B. Snow

RICHARD B. CATTELL, M.D., *Staff Representative*

* Ex Officio

MEMBERS OF THE CORPORATION

Sherman Adams
 Charles T. Allen
 Mrs. William H. Ames
 O. Kelley Anderson
 Willard C. Arnold
 Alfred H. Avery
 R. K. Bachelder
 John A. Bailey
 John Barnard
 Lester L. Boobar
 Edwin A. Brewer
 Howard D. Brewer
 F. Nelson Bridgham
 F. Gorham Brigham, M.D.
 Edgar S. Brightman
 William G. Brooks
 Emory S. Bucke
 Theodore L. Buell
 Maurice L. Bullock
 T. R. Burns
 Frank W. Buxton
 Horace T. Cahill
 Arthur A. Callaghan
 Russell R. Cameron
 Duncan R. Campbell
 Francis W. Capper
 Horace A. Carter
 Mrs. Roscoe A. Carter
 William H. Carter
 Harold C. Case
 Richard B. Cattell, M.D.
 Paul F. Clark
 Wilson D. Clark, Jr.
 Vincent P. Clarke
 Karl T. Compton
 E. T. Cooke
 Howard W. Cowee
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 Louis S. Cox
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 G. Albin Dahlquist
 E. Merrill Darling
 George R. S. Denton
 Albert C. Dieffenbach
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 Paul A. Draper
 John Ainsworth Dunn
 Miss Mabel T. Eager
 Carl S. Ell

Eben H. Ellison, Jr.
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 Allan Forbes
 W. Jesse Fowler
 Carl W. Garland
 J. Arthur Gibson
 Hamilton M. Gifford
 Francis J. Good
 William M. Gunter
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 Leonard C. Harris
 J. Willard Hayden
 G. A. Higgins
 Miles C. Higgins
 Harry B. Hill
 John Hill
 Richard S. Humphrey
 A. Alonzo Huse
 Charles X. Hutchinson, Jr.
 Charles W. Jeffras
 Earl Johnson
 Ernest S. Johnson
 Gordon Johnson, M.D.
 Laurence H. H. Johnson
 Mrs. Harry L. Jones
 Ralph P. Jones
 Elliott P. Joslin, M.D.
 William T. King
 J. Franklin Knots
 Theodore C. Koch
 Frank H. Lahey, M.D.
 George W. Lamb
 Roger I. Lee, M.D.
 William O. LeFavre
 Herbert E. Locke
 John Wesley Lord
 Ralph Lowell
 Stanley O. MacMullen
 Alexander Marble, M.D.
 H. C. Marden
 Daniel L. Marsh
 George A. Martin
 Mrs. Eugene H. Mather
 J. Franklin McElwain
 Frank M. McGowan
 Leland S. McKittrick, M.D.
 Edward F. Miller
 Philip I. Milliken

Edward F. Miner
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 Spencer Montgomery
 James T. Mountz
 William H. Nye
 Bruce S. Old
 Charles Parkin
 Lester C. Peabody
 Charles O. Pengra
 Joseph E. Perry
 Everett W. Pervere
 Robert M. Pierce
 Sumner T. Pike
 Leland Powers
 William M. Rand
 John B. Reid
 Henry S. Rogerson
 Howard F. Root, M.D.
 Charles F. Rowley
 Matthew P. Scullin
 Howard W. Selby
 G. Vaughn Shedd
 Ernest A. Shepherd
 Glenwood J. Sherrard
 William B. Snow
 Joseph P. Spang, Jr.
 E. Ray Speare
 Donald B. Stanbro
 Louis S. Staples
 F. R. Carnegie Steele
 Albert Stone, Jr.
 Earl E. Story
 Archiver J. Strait
 LeRoy W. Stringfellow
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 Shields Warren, M.D.
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 Sinclair Weeks
 C. D. Wentworth
 Edward E. Whiting
 Ben Ames Williams
 Elwin L. Wilson
 Mrs. E. N. Wrightington
 J. Wendell Yeo
 Roy A. Young



REPORT OF THE EXECUTIVE DIRECTOR

Progress of Building Program A hospital building program requires long and arduous periods of deliberation, fund raising, and planning — and often years pass before it can become an actuality. It is hard to imagine while one is in the midst of such long-range plans that blue-prints eventually take their form in terms of steel and concrete, and once what seemed but a dream becomes reality. This reality is now taking shape. The Cancer Research Institute is completed and functioning. The steel for the new central building, for which we waited more than six months, has come and is in place. Concrete floors are being poured and no further delay seems to be in the offing. There will have to be substitutes for some critical materials, but we now have reason to expect that the building will be ready for occupancy by the end of 1952.

Centralization The completion of this central building will be the culmination of hopes and plans covering a period of more than ten years. This building will centralize kitchens, cafeteria, administration, x-ray departments, laboratories, and all operating suites. It will increase the bed capacity by 25 per cent and allow us to treat 2,000 additional patients annually.

Boiler Plant In enlarging our capacity, we found our boiler plant was not sufficient for the new building, so when we were delayed on steel and could not go forward, we started the addition to the boiler plant. We increased its capacity by 25 per cent, at a cost of \$125,000. It will also carry the heat load for additional stories added to the new building, which foundations are built to support five or six more floors. These additional floors are our new goal.

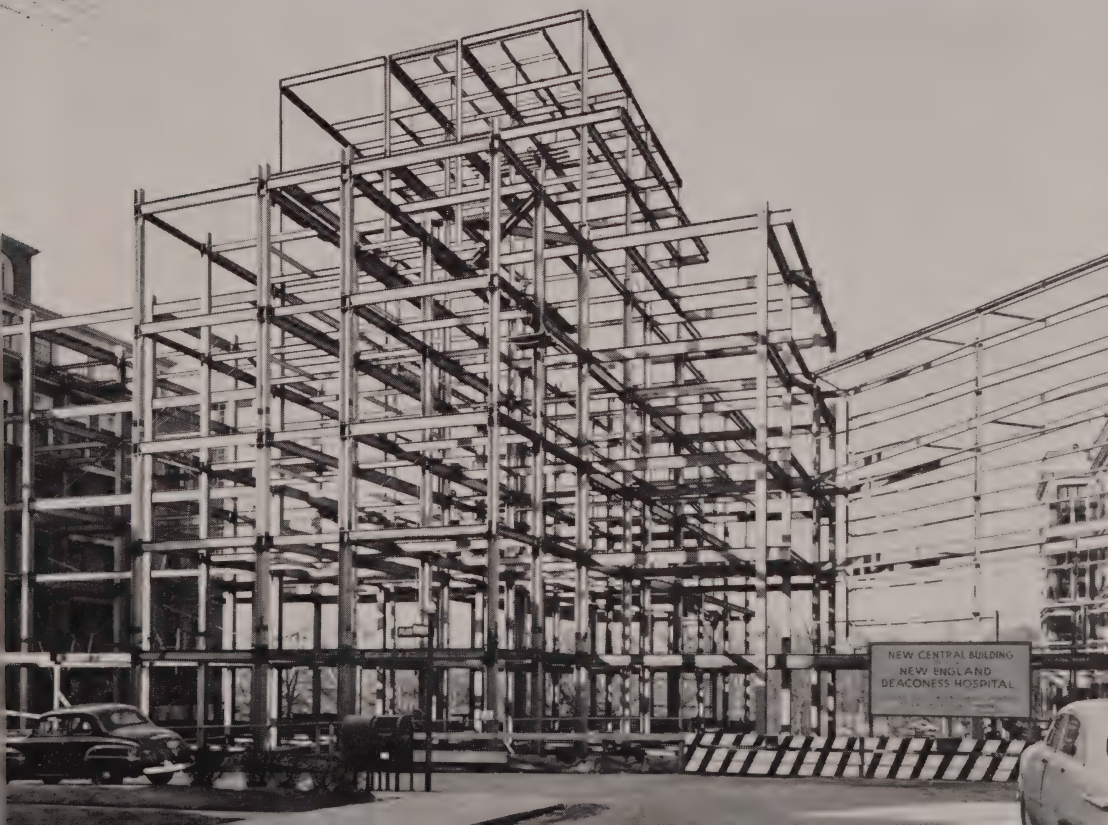
Completion of Cancer Research Institute The completion and dedication of the new Cancer Research Institute on June 5 was the important public event of the year. The Institute is the logical development of the Deaconess Hospital's long concern with cancer problems and the care of cancer patients. Principal speakers at the

dedication were the Honorable Sumner T. Pike, then Vice-Chairman of the United States Atomic Energy Commission; Dr. Harold Case, President of Boston University; Dr. Sidney Farber, Scientific Director of the Children's Cancer Research Foundation, and Dr. Shields Warren, Medical Director of our new Institute and Director of the Biology and Medicine Division of the United States Atomic Energy Commission. The Institute's fine auditorium was dedicated in honor of our Physician-in-Chief Emeritus, Dr. Elliott P. Joslin. Dr. Charles H. Best, Director of the Banting-Best Department of Medical Research at the University of Toronto and co-discoverer of insulin, gave the principal address.

A great deal of credit goes to our staff for making the auditorium possible. When it was found that space was available, the staff undertook and succeeded in raising between \$60,000 and \$70,000 for furnishing and equipping one of the finest small auditoriums in New England.

Deaconess Tumor Clinics The Deaconess Tumor Clinics were moved from the Palmer Building into attractive, well planned quarters in this new Cancer Research Institute. Here we have available a plentiful supply of radium, radioactive isotopes, high voltage x-ray therapy and splendid laboratory facilities. The Clinics' Staff includes Boston physicians who by interest and experience are especially qualified to care for the cancer patient. During this year approximately 3,000 treatments and examinations were made, of which more than a thousand were free.

Staff Honors Again in 1951 the medical and surgical staffs of the hospital have brought honors to the Deaconess. Dr. Charles C. Lund of the surgical staff was made National President of the American Cancer Society. Dr. Samuel P. Hicks, Associate in Pathology, was awarded the United Cerebral Palsy's Grant and an additional prize of \$1,000 for the outstanding contribution to that field in 1951. Dr. Varaztad Kazanjian received an honorary citation from the American Society of Plastic and Reconstructive Surgeons where particular mention was made of his pioneer work in plastic surgery with war casualties. Dr. Samuel Marshall, of the Lahey Clinic surgical staff, recently performed an operation which was filmed by the Marshall-Ramsdell group of Worcester, introducing a new type of surgical motion picture technique taken in three-dimensional perspective; the film received wide publicity after its first showing at the American Clinical Congress of the American College of Surgeons at San Francisco.



Staff Contemplating the new building, with the centralization
Reorganization of all services, the staff undertook the reorganization of
the Palmer, General, Lahey Clinic, and George F. Baker
Staffs into one main staff. It was a big job, requiring a number of long
meetings. The task has been accomplished and our staff now appears as
one group. This was a fine job, well done.

Recently the Deaconess was approved by Harvard and Tufts Medical
Schools as a Teaching Hospital, and our Nursing School has again received
formal approval by the National Nursing Accrediting Service.

Administrative This all lays a heavy responsibility upon the administra-
Responsibility tion of the Hospital to cooperate with the staff in every
possible way to aid in the care of the patient. Several
new projects should be of great help to the staff. A Night Superintendent,
who is a nurse, was added to the administrative staff during the year.
She serves here during the night hours, does an excellent job caring for
emergencies, makes general inspections several times each night and has
been a great morale builder for the night staff and the patients.

Currently we are working on a plan to put into operation a straight
six-day week which will answer a definite need of the surgical staff for a
full operating time schedule on both Saturday morning and afternoon.
Administration, which is now on a twenty-four hour, seven-day work week
has proved the benefits and security of full coverage.

Two-Million We hope soon to purchase a two-million volt x-ray machine
Volt for cancer treatment and research. This machine is a rotary
X-Ray type which attacks cancer growth uniformly from all sides
Machine and penetrates much deeper and more quickly than the
conventional machines, with less liability of destroying the
healthy intervening tissue. This will be a notable addition in equipment,
but its cost is high, and we do not yet have the money.

Hospital The trend to a shorter stay in the hospital continues. While
Stay and our total hospital days were a little less in 1951 than in 1950,
Costs the number of patients cared for shows substantial increase.
Changing patients often is bound to reduce the total patient
days, and as time is lost on each change, departmental costs will increase.
This is why daily rates go up, but with the shortened stay, the total hospital

bill does not go up. With today's shorter stay and the shorter period of convalescence, which gets a man back on the job sooner, hospitalization is not more expensive than it was thirty years ago, when the stay and the period of convalescence was fifty to sixty days. I wish I had time to labor this point. I think it is widely misunderstood and should be developed to refute the common cry of high hospital costs. The daily cost is high in comparison with thirty years ago, but the overall cost is not, if you take into consideration all legitimate factors.

Departmental Reports Now for the record, let us look briefly at some departmental work: **Personnel:** Our number of long-term employees shows stability; there are now nearly 150 employees who have served between five and thirty-nine years. Their combined years of service amounts to an impressive total stretching back almost to the first Christian century.

Wage and salary scales have been revised to increase the annual merit increments and expand the minimum ranges. We have introduced Social Security this year and the Executive Committee is now carefully considering a pension plan.

During the year the **Engineering and Maintenance Department** has handled a number of heavy repair and installation jobs at considerable saving to the hospital:

1. Roofs of all buildings have been put in first-class condition and all masonry and brickwork pointed.
2. All of Harris Hall, part of Deaconess and Baker and the exteriors of two dormitories have been painted.
3. The electrical equipment in all buildings is being standardized.
4. The foundations of the laundry building and trenches around its machines were repaired — a big job done at great money saving and without interruption of laundry service.
5. Additional sprinklers were added and electrical outlets were remounted in all surgeries.

The City has improved our property by paving both Autumn Street and Deaconess Road.

The **Laundry** continues its tremendous volume of output — during the year 2,671,000 pieces were laundered and 36,000 pieces were manufactured or repaired.

In 1951 the **Dietary Department** served over three-quarters of a million meals; 272,000 to patients and 382,000 to employees at cost. Thirty-eight per cent of the patient meals were special diets. Our cost cafeteria was used 33 per cent more this year than last.

Food costs continued mounting throughout the year, but we have attempted to control this by being more vigilant in buying, using standardized recipes and portions and constantly supervising food preparation.

The **Pharmacy Department** has increased its output and net surplus for the tenth consecutive year. Gross business, which started with a \$100 gift to Dr. Joslin twenty-four years ago, is now near \$300,000 annually. In the past ten-year period the change in drug medication requirements has been revolutionary. The new antibiotics — penicillin, streptomycin, aureomycin and others, have played a large part in shortening the term of the patient stay in the hospital.

The fact that social and emotional problems can retard recovery of many patients makes the function of the **Social Service Department** of great value to the hospital and especially to the medical and nursing staffs. Teaching the social aspects of illness to the student nurses has continued as part of the social service program. During the year, this department advised and helped 1,350 patients, cooperating with 265 outside agencies in this work.

We are sincerely grateful for the fine work of our Volunteers directed by the **Volunteer Department** and the splendid work of the Friends of the Deaconess. We could not operate without their devoted help. The Volunteers, Gray Ladies, and Nurses Aides give us fine assistance in the Blood Bank, Library, Record Rooms, Out-Patient Clinic, and with the mail and information desks and with book carts. In November, thirty-seven of these Volunteers manned a number of booths at the New England Diabetes Fair in Horticultural Hall, visited by more than 5,500 citizens. Now as war and its activities are depleting our nursing forces and other departmental personnel, we can use and must enlist a much larger force of this type of help.

Two other departmental reports follow in full.

Report of the Nursing Department: In December we received our **School of Nursing** accreditation for 1952. It was gratifying to know, in spite of the many problems with which we were struggling, the



MISS CROZIER

authorities felt we were still making progress and granted us continued accreditation.

The student enrollment is 207. We find that more and more students are asking for scholarship aid and we would like as often as possible to limit this to second-year students, which gives us the opportunity to watch their progress. However, there are already several applicants who have asked for considerable aid for first year tuition in next September's class. We count on the Friends of the Deaconess for help here. We miss the keen friendliness and support which we had from Mrs. Grant, but we are still aware of this very same friendliness and support under the able leadership of Mrs. Sheldon Wardwell. As I write this, I think of many individuals whose loyalty, work, and friendship make it possible for us to admit to the school students whom we would otherwise have to refuse. This carries over in a very real manner to care of the patient.

During the year 1951 we have been acutely aware of the problems facing us in **Nursing Service** and we will continue to have to face even more severe ones as time goes on. As the year progressed these problems grew more and more serious. The reasons are twofold — the increasing number of opportunities for graduate nurses and our patients continuing to have a much shorter hospital stay. This rapid turnover presents us with the problem of acutely ill patients during most of their hospitalization, thereby demanding more nursing service. Both our medicine and surgery are so specialized and of so serious a nature that very detailed nursing care is essential for patients. It is well to point out here that Deaconess is not alone in this nursing shortage.

We have done everything to try to keep our numbers of general duty nurses up. In spite of two salary increases and increased personnel benefits of social security and holiday time, we had twenty-five fewer staff nurses on January 28, 1952, than we had in January 1951, and the number continues to decrease.

We, at the Deaconess, along with other hospitals throughout the country, have been concerned with the duties of the head nurse. Over the years, and partly because of the many changes in medicine and surgery, the head nurse has probably become the most harassed individual on the nursing staff. Some hospitals in the country are experimenting with a lay manager on the wards. In October we did a pilot survey for the purpose of re-defining the duties of the head nurse. The United States Public Health Service through the Committee on Improvement of Nursing Service of the National League of Nursing Education has developed a survey which should

be very helpful to individual hospitals. We are starting this survey in March of this year.

As we face 1952 we are even more aware of the wastage of nursing time. To enlarge the school is not enough. There must be a revamping of our entire nursing service system and changes made that are more drastic than those we are presently making to insure that nurses are left free for nursing service duties only.

Report of the Public Relations Department: Our hospital's story was presented to the public in 1951 in various ways: by television, radio, through photographs and news stories which gained local and national attention, and through articles in professional, church, and popular magazines. Our Deaconess Hospital TV show in November over Boston Station WBZ-TV was a significant publicity innovation of the year.

Several special press conferences for the local papers and national news syndicates were held in connection with important events at the hospital. The press and photographers gave full coverage to the opening of the Cancer Research Institute, and to a conference with Dr. Samuel Hicks and Dr. Sidney Farber when Dr. Hicks received the United Cerebral Palsy award and grant for the year's outstanding research in that field. But our most complete national press coverage came from a very simple story about a little beagle dog who came to the Deaconess, after being referred by the Angell Memorial, for radio-active iodine for his cancer of the thyroid. This story and accompanying picture was used by such papers as the *San Francisco Chronicle*, *New York Times*, *Herald Tribune*, *Sun* and *New York Daily News* and *Philadelphia Bulletin*.

In December we were able to assist the Lahey Clinic in its production of a professional color motion picture taken at the hospital — a film which will be used for medical teaching and which will have international distribution.

In the publication field we prepared the hospital's annual report which received an award in the national contest conducted by *Hospital Management* magazine. This award was presented to Dr. Cook in St. Louis at the national meeting of the American Hospital Association. Incidentally, our hospital was honored at this meeting when Dr. Cook was appointed New England Regent of the American College of Hospital Administrators. A text and picture booklet for the Cancer Research Institute dedication was also prepared and the Public Relations Department cooperated with the Personnel Department in editing and producing the Deaconess' monthly house organ — THE PULSE.



During the year a comprehensive, long-range direct mail program was begun. Old lists were brought up to date and several thousand new names added and seven mailings describing our activities went to over 10,000 carefully selected persons on these new lists. It is our purpose with these mailings to keep the public informed about how their money is being used and for what it is being used. Six out of seven of our mailings are informative rather than fund raisers.

A series of luncheons for Trustees, Corporation Members and the Staff has been started for the purpose of informing the governing body of the hospital about the two-million volt rotary-type x-ray machine which we hope will be purchased and installed in the new building — each group being asked to interest its friends in underwriting the project. We plan to organize a similar luncheon each month which will go outside the Corporation group to include other Boston community leaders.

In 1952 we intend to enlarge the public relations program with further printed aids for our patients and their families. For example, a Boston Guide Book will be published and made available to patients' families and additional literature about the hospital will be circulated to the patients.

As the Deaconess public relations program continues to develop, it becomes increasingly apparent that to be fully effective it must serve two audiences — the hospital's patients and their friends and families as well as the public at large.

Deaths It is my sad duty to record the deaths of three of our Trustees during the year. In October of 1951 the Hospital suffered a great loss in the death of Ernest Grant Howes, President of the Board of Trustees. Mr. Howes not only gave generously of his means to our improvement, but gave continued thought and planning to our overall program. He was a constant inspiration to the Administration. He also had a large circle of friends who contributed to the Hospital through his influence. Mr. Howes was deeply interested in adding more bed floors to the Hospital and he was also much interested in installing the new two-million volt x-ray machine, starting our monthly luncheons in this behalf.

Another great and irreparable loss was the death of Mrs. Alexander Grant, Trustee and President of the Friends of the Deaconess. Mrs. Grant organized and was the President of this splendid organization of women until her death, and she served the Hospital with unusual devotion for a quarter of a century. For this service she was honored by the American Hospital Association as one of the outstanding volunteer workers of America and was also cited by the President of the United States for her many hours of volunteer service. Mrs. Sheldon Wardwell, who succeeds her, writes in her report of an \$11,000 Nursing Scholarship being established in Mrs. Grant's name.

Another of our prominent Trustees, Mr. C. Adrian Sawyer, passed away in January of this year. Mr. Sawyer built our new incinerator, did all the fine remodeling of our Nurses Home, and helped in many other ways with our building program and school development.

The Out-Patient waiting room in the Cancer Research Institute, furnished by the Friends of the Deaconess, was dedicated in November to the memory of Miss Sadie A. Hagen, who gave forty years of devoted service to the Hospital.

Patient Reactions Patients' reactions to our service are interesting. From time to time we send out a test questionnaire asking pertinent questions about our service — such as, has the nursing care been satisfactory, has the service of other hospital personnel been quiet and efficient, has your room been given proper attention, has the food been good and attrac-

tively served, and have visitors been courteously received. In the last test we had over 900 responses to our queries, of which 850 were completely complimentary. The remaining 50 replies had, for the most part, constructive suggestions concerning food, coffee, and visiting hours. One per cent didn't like us at all, but each of these replies was followed up by investigation and personal letters with the hope of correcting faults and impressions. In one case where we had a severe criticism, we got a contribution. In general, people remarked about the spirit of kindness and home-likeness in the hospital's atmosphere, which of course, we work hard to preserve. We must never cease our endeavor to keep this spirit alive and active — it is the heart of the hospital and so easy to lose as we grow larger. We must not become a meticulous machine.

The following letter is from a Trustee of one of our neighboring hospitals. His sister had a brain tumor removed here by Dr. Gilbert Horrax.

Dear Dr. Cook:

I want to express my deep gratitude for the marvelous treatment that my sister received at the Deaconess Hospital. I know something about hospitals and the difficulties under which they operate. Never have I seen more highly skilled performance on the part of doctors and nurses, and never have I seen an atmosphere of greater kindness than pervades the entire hospital. It is truly a great institution. Again, many, many thanks.

Sincerely yours,

In closing I want to give my personal thanks to all who have cooperated so faithfully in the work of the hospital during the year. To the Trustees, the Executive Committee, the Building Committee, the Friends of the Deaconess, to Mr. MacMullen, Chairman of the Executive Committee, who has been seriously ill for many weeks and who is now recovering very well at his home in Newtonville — to all the staff, especially the Administrative Staff and to all heads of departments, I am sincerely grateful and want to express my appreciation.

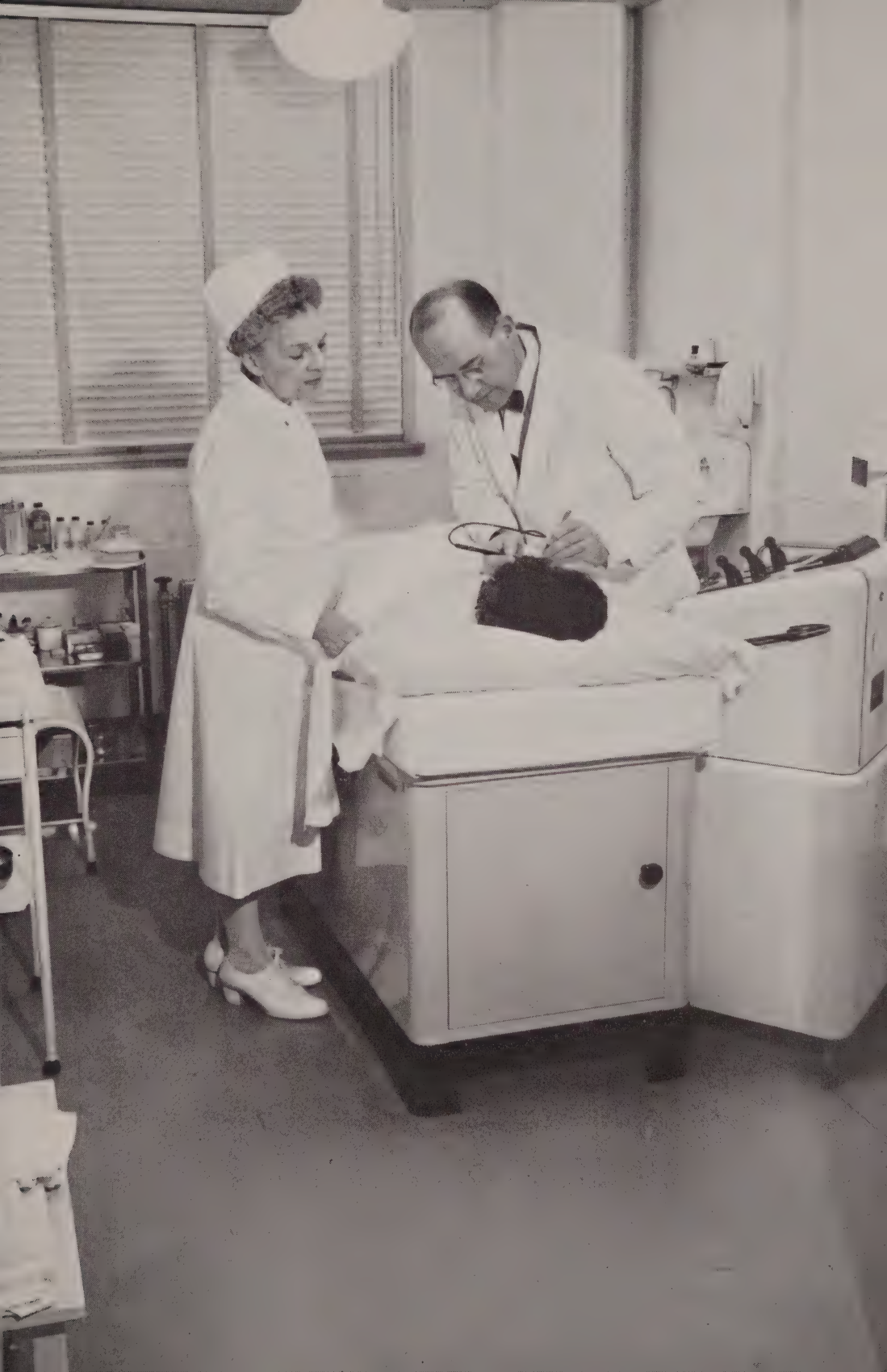
The Deaconess Hospital is a great hospital — one of the great hospitals of America. The work done here is not surpassed in any hospital in the country and much of it is not duplicated. You should be proud of its accomplishments and glad, as I am, to be associated with its work.

Report of Service

Patients in hospital, January 1, 1951	242
Patients admitted 1951	8,499
Medical	3,163
Surgical	5,336
Private	1,352
Semi-private	3,121
Ward	4,026
Patients discharged 1951	8,546
Medical	3,082
Surgical	5,464
Private	1,401
Semi-private	3,136
Ward	4,009
Patients in hospital December 31, 1951	201
Deaths	261
Hospital mortality percentage	3.1%
Autopsy percentage	61.0%
Occupancy percentage	90.6%
Total patient days' service	98,555
Medical	25,723
Surgical	72,832
Private	15,681
Semi-private	33,219
Ward	49,655
Full paying	74,550
Free and part free	24,005
Average daily census	270
Largest number treated in one day	301
Smallest number treated in one day	163
Average days stay in hospital	11.5
Private	11.2
Semi-private	10.6
Ward	12.4

Operations	5,801
Major	3,207
Minor	2,594
Average number of operations per month	456
X-rays	23,431
Diagnostic	19,308
Therapy	4,123
Laboratory tests	224,339
Autopsies	240
Bacteriological examinations	5,043
Basal metabolisms	738
Chemical examinations	142,508
Electrocardiograms	2,624
Solutions	48,826
Surgical examinations	7,642
Transfusions	8,035
Plasma	32
Donors	8,651
Other special services	
Dental X-rays	168
Dental treatments and prophylaxis	104
Dental consultations	215
Dental examinations	2,820
Dental extractions	165
Foot room	5,173
Hospital consultations	3,844
Out-door:	
Clinic	2,784
Dental	456
Foot room	56
Laboratories	3,836
Operating rooms	329
X-ray	6,875

WARREN F. COOK



MEDICAL STAFF — 1952

ADMINISTRATIVE STAFF

ELLIOTT P. JOSLIN, M.D., Honorary Physician-in-Chief

FRANK H. LAHEY, M.D., Honorary Surgeon-in-Chief

RICHARD B. CATTELL, M.D., Chairman

FRANK N. ALLAN, M.D.

HOWARD F. ROOT, M.D.

LYMAN H. HOYT, M.D.

SHIELDS WARREN, M.D.

JOSEPH H. MARKS, M.D.

WARREN F. COOK, Secretary

LELAND S. MCKITTRICK, M.D.

INTERNISTS

LYMAN H. HOYT, M.D., Physician-in-Chief

Physicians

Allan, Frank N., M.D.
Badger, Theodore L., M.D.
Bailey, C. Cabell, M.D.
Bartels, Carl C., M.D.
Bartels, Elmer C., M.D.
Bell, George O., M.D.
Bradley, Robert F., M.D.
Brailey, Allen G., M.D.
Brigham, F. Gorham, M.D.
Brownlee, Robert E., M.D.
Buck, Robert W., M.D.
Cass, John W., Jr., M.D.
Chapman, Earle M., M.D.
Cushing, Arthur A., M.D.
Cyr, Donat P., M.D.
Evans, James A., M.D.
Foley, Robert E., M.D.
Foster, Frank P., M.D.
Greeley, Hugh P., M.D.
Hinton, Elmer E., M.D.
Honor, Albert A., M.D.
Hoyt, Lyman H., M.D.
Hurxthal, Lewis M., M.D.
Jones, Stewart H., M.D.

Joslin, Allen P., M.D.
Joslin, Elliott P., M.D.
Kane, Lewis W., M.D.
Mansfield, James S., M.D.
Marble, Alexander, M.D.
Marlow, F. William, Jr., M.D.
McDaniel, L. Tillman, M.D.
Murphy, Rosemary, M.D.
Nissen, H. Archibald, M.D.
Norcross, John W., M.D.
Ohler, W. Richard, M.D.
Parker, A. Seymour, Jr., M.D.
Parkins, Leroy E., M.D.
Peters, Carey M., M.D.
Root, Howard F., M.D.
Rutledge, David I., M.D.
Siscoe, Dwight L., M.D.
Sise, Herbert S., M.D.
Souders, Carlton R., M.D.
Stetson, Richard P., M.D.
Stevens, William B., M.D.
Tullis, James L., M.D.
White, Priscilla, M.D.

Allergy

Burrage, Walter S., M.D.
James, Harriet D., M.D.

Bacteriology

Kenton, Harold B., Ph.D.

Cardiology

Goodale, Walter T., M.D.
Hamilton, Burton E., M.D.
Hinton, Elmer E., M.D.

Chiropody

Humphrey, Irving M., D.S.C.
Kelly, John F., D.S.C.

Dermatology

Fromer, John L., M.D.
Hill, William Robinson, M.D.
Lane, C. Guy, M.D.
Rockwood, Ethel M., M.D.

Gastroenterology

Heffernon, Elmer W., M.D.	Ross, John R., M.D.
Jordan, Sara M., M.D.	Smith, Frances H., M.D.
Kiefer, Everett D., M.D.	Tracey, Martin L., M.D.
McDonough, Francis E., M.D.	Wilkinson, S. Allen, M.D.
Patterson, Marcel, M.D.	

Neurology

Ayer, James B., M.D.
Caner, G. Colket, M.D.
Dynes, John B., M.D.
Fleming, Robert, M.D.
Tucker, Walter I., M.D.

Pediatrics

Sisson, Warren R., M.D.

Psychiatry

Raeder, Oscar J., M.D.

SURGEONS

LELAND S. MCKITTRICK, M.D., Surgeon-in-Chief

Surgeons

Adams, Herbert D., M.D.	McKittrick, Leland S., M.D.
Albright, Hollis L., M.D.	Miller, Carroll C., M.D.
Anglem, Thomas J., M.D.	Moore, Francis D., M.D.
Boyd, David P., M.D.	Osborne, Melvin P., M.D.
Cattell, Richard B., M.D.	Pratt, Theodore C., M.D.
Colcock, Bentley P., M.D.	Sedgwick, Cornelius E., M.D.
Daland, Ernest M., M.D.	Simmons, Channing C., M.D.
Franseen, Clifford C., M.D.	Simmons, Fred A., M.D.
Garcelon, Gerald G., M.D.	Soutter, Lamar, M.D.
Hayden, E. Parker, M.D.	Spellman, John W., M.D.
Lahey, Frank H., M.D.	Swan, Charles L., M.D.
Lamb, Charles A., M.D.	Sweet, Richard H., M.D.
Loder, Halsey Beach, M.D.	Swinton, Neil W., M.D.
Lund, Charles C., M.D.	Taylor, Grantley W., M.D.
Marshall, Samuel F., M.D.	Walker, Irving J., M.D.
McKittrick, John B., M.D.	Warren, Kenneth W., M.D.

Anesthesiology

Audin, Francis, M.D.	Hand, Leo V., M.D.
Beecher, Henry K. U., M.D.	Nicholson, Morris J., M.D.
Eversole, Urban H., M.D.	Orr, Robert, M.D.
Gigot, Albert F., M.D.	Ruzicka, Edwin R., M.D.

Endoscopy

Benedict, Edward B., M.D.

Gynecology

Gregg, Ward I., M.D.
Ingersoll, Francis, M.D.
Meigs, Joe Vincent, M.D.

Morris, John McL., M.D.
Parsons, Langdon, M.D.
Younge, Paul A., M.D.

Laryngology

Tobey, Harold G., M.D.

Neurosurgery

Freshwater, Donald B., M.D.
Hodgson, John S., M.D.
Horrax, Gilbert, M.D.

Mixter, W. Jason, M.D.
Poppen, James L., M.D.
Sweet, William, M.D.

Obstetrics

Gillespie, Luke, M.D.
Nelson, H. Bristol, M.D.

Ophthalmology

Beetham, William P., M.D.
Tingley, Louisa Paine, M.D.
Waite, J. Herbert, M.D.

Oral Surgery

Durling, Edward J., D.M.D.
Miner, Leroy M. S., M.D., D.M.D.
Norton, Richard H., Jr., D.M.D.

Orthopedics

Bailey, George G., M.D.
Brewster, Albert H., M.D.
Haggart, Gilbert E., M.D.
Hammond, George, M.D.

Morris, Robert H., M.D.
Rogers, William A., M.D.
Shipp, Frank L., M.D.
Van Gorder, George W., M.D.

Otolaryngology

Ernlund, Carl H., M.D.
Frazee, John R., M.D.
Hoover, Walter B., M.D.
Lathrop, Frank D., M.D.
Oliver, Kenneth S., M.D.

Richards, Lyman, M.D.
Schall, Leroy A., M.D.
Weekes, Don James, M.D.
Weille, Francis L., M.D.

Plastic Surgery

Cannon, Bradford, M.D.
Kazanjan, V. H., M.D., D.M.D.

Thoracic Surgery

Adams, Herbert D., M.D.
Boyd, David P., M.D.
Overholt, Richard H., M.D.
Strieder, John W., M.D.

Sweet, Richard H., M.D.
Walker, James H., M.D.
Wilson, Norman J., M.D.
Woods, Francis M., M.D.

Urology

Buddington, Weston T., M.D.
Colby, Fletcher H., M.D.
Crabtree, Harvard H., M.D.
Dick, Vernon S., M.D.
Ewert, Earl E., M.D.
Flint, Lloyd D., M.D.

Graves, Roger C., M.D.
Kelley, Sylvester B., M.D.
Leadbetter, Wyland F., M.D.
Smith, George Gilbert, M.D.
Woodruff, Lorande M., M.D.

PATHOLOGISTS

SHIELDS WARREN, M.D., Pathologist-in-Chief
Copeland, Bradley E., M.D.
Gates, Olive, M.D.
Hicks, Samuel P., M.D.
Meissner, William A., M.D.
Sommers, Sheldon C., M.D.

RADIOLOGISTS

JOSEPH H. MARKS, M.D., Radiologist-in-Chief
Bogan, Isabel K., M.D.
Hare, Hugh F., M.D.
Kellett, Mirle A., M.D.
Smedal, Magnus I., M.D.

CONSULTANTS

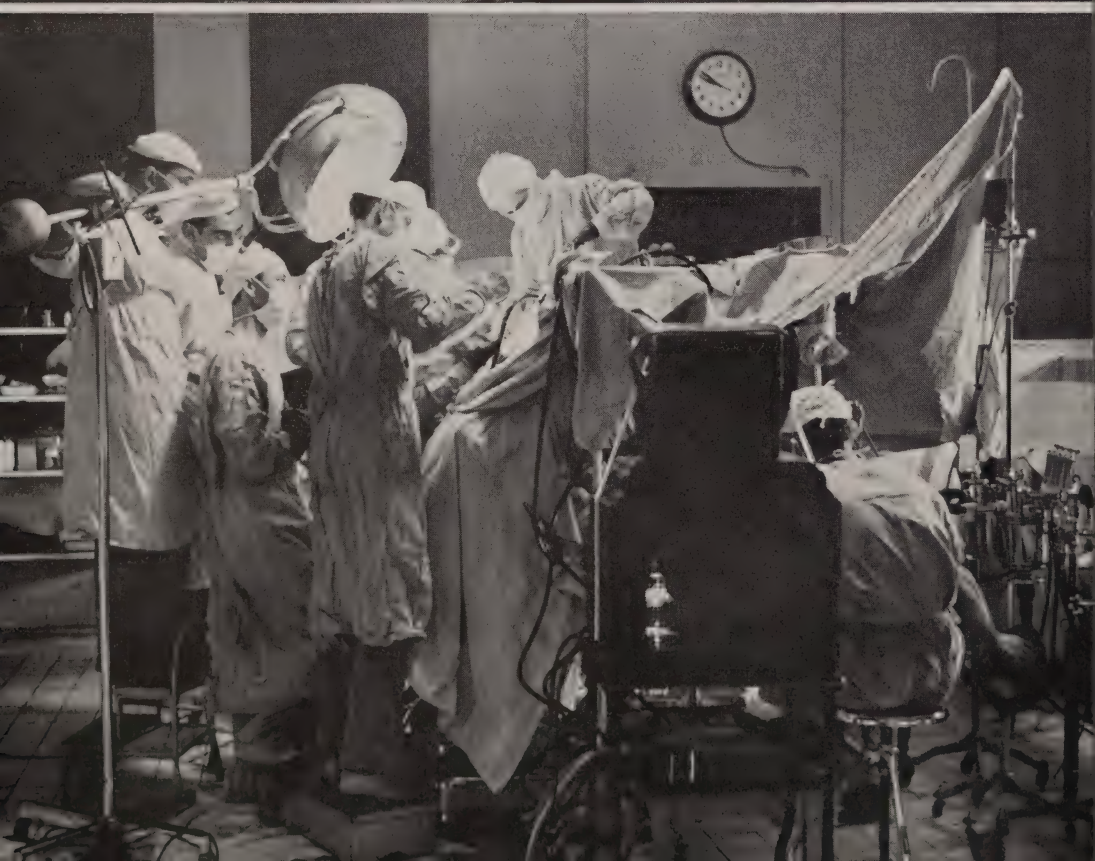
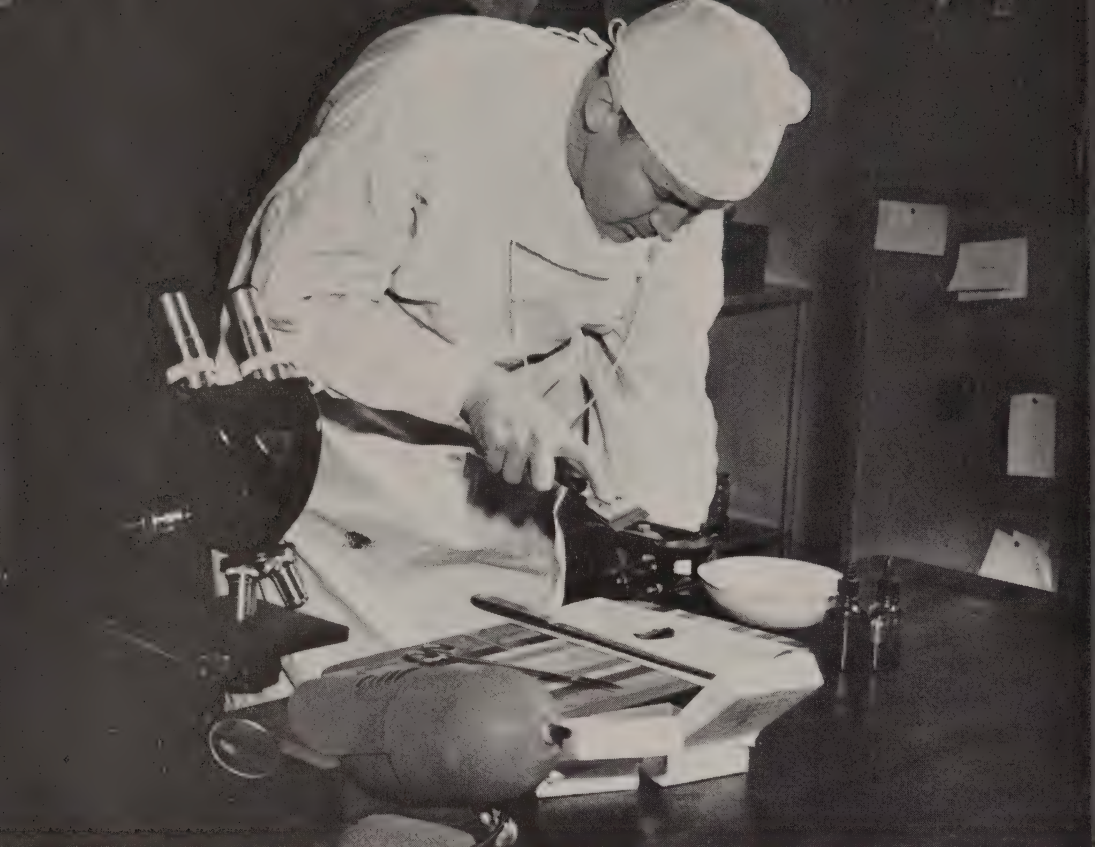
Aub, Joseph C., M.D.....Blood and Malignant Disease
Badger, Theodore L., M.D.....Chest Disease
Brailey, Allen G., M.D.....Geriatrics
Hunter, Francis T., M.D.....Hematology
Jackson, Henry, Jr., M.D.....Blood and Glandular Disease
King, Donald S., M.D.....Chest Disease
Lee, Roger I., M.D.....General
Tullis, James L., M.D.....Blood Disease
Wesselhoeft, Conrad, M.D.....Infectious Disease

CANCER RESEARCH INSTITUTE

Cowing, Russell F.....Biophysicist
Holt, Margaret W., Ph.D.....Radiobiologist
McKee, Ralph W., Ph.D.....Biochemist
Snegireff, Leonid S., M.D.....Associate Professor of Cancer Control
Tompkins, Edna H., M.D.....Hematologist







REPORT OF THE SURGEON-IN-CHIEF

A new era begins in the history of the New England Deaconess Hospital which will greatly increase its effectiveness, both directly and indirectly, in the care of the sick. Tangible evidence of this can be seen in the steel framework, completed at the end of this year. This imposing structure, which will make up the central portion of the new hospital, is becoming an accomplished fact through the combined efforts of a great many persons interested in the hospital, with everyone anxious to help. It may be of interest to some of you that certain members of the surgical staff were helpful in getting an earlier delivery of the steel. Mention of this is made solely to indicate how everyone has helped in every way possible. The new era, however, will not be one of improvement in physical plant alone for it will permit consolidation of the various functions and departments to be more economical and effective. Furthermore, a reorganization of the staff, which has been in preparation for a long time, has now been adopted. We are optimistic in believing that the work of the professional staff will be more satisfactory under the improved conditions.

In light of the promising future I do not believe that we should be too critical of some of the shortcomings that have prevailed during the current year, but some must be mentioned in a report of the surgical activities in the hospital for 1951. A vast amount of surgical work has been done in the two surgical units during this year, and under very trying conditions. The type and the amount of work will be referred to later in the report. Patients waiting for surgery have been put stretcher to stretcher, in inadequate space, and in the corridors of the operating suites. Instrument tables, extra operating room tables and necessary apparatus have filled the corridors, making it impossible for personnel to pass. The surgical teams which consist of a number of surgeons, their assistants, anesthesiologists and nurses have small quarters in which to change their clothes and store them. It has been difficult to find available rooms and bookings for the surgical cases in the hospital. There has been a rapid turnover of nursing personnel in the operating rooms which makes for reduced efficiency. In spite of these trying conditions the administrative officers have genuinely tried to help the situation, particularly relative to the booking of cases. The nursing head of both operating suites, Miss Pendleton, has worked under these trying conditions with equanimity and with as great efficiency as possible, and I wish to congratulate her.

There is a definite need — which the administration of the hospital realizes — for a full six-day week and for a full operating time schedule that includes both full morning and afternoon sessions. Up to the present time we have been limited in the booking of cases after mid-afternoon. I feel sure it will be possible within a reasonable time to put such a schedule into effect.

At the time of the planning stage for the new building, a committee of the medical staff began study of a plan for the reorganization of the staff which would be suitable for the new consolidated hospital. The new by-laws proposed by the medical staff and the reorganization plans were approved during this year by the Executive Committee and are now in effect. Attention should be called to the fact that this will not change the type of medical and surgical patients who have been coming to the New England Deaconess Hospital for many years. I am sure that members of the corporation and trustees, as well as the administrative officers of the hospital, realize that the type of cases coming to this great voluntary hospital is directly due to the interests and abilities of the professional staff which they have chosen to man their hospital.

In previous reports I have outlined to you some of the teaching activities carried on by the staff. By the very nature of the hospital, as a privately supported, voluntary institution, the most effective method of teaching is in the postgraduate field. Teaching of this type is carried out daily in the operating rooms for the benefit of visitors from most of the countries of the world. Because of the nature of the surgical work done in the treatment of the thyroid, chest (including lung and heart conditions), brain and cord lesions, and serious abdominal conditions, this hospital will continue to be a productive influence in this field of postgraduate instruction. The experience of the surgical staff in the treatment of these conditions likewise becomes available and is presented widely to medical societies and in medical publications. All of these activities reflect to the credit of the hospital. As in previous years there is a limited program for the teaching of residents that cannot be expanded further.

Among the many problems which hospitals such as ours have to face is one of shortage of nurses, a situation that may well become worse before it is better. The administration is quite aware of this, as is the training school. There is a real need to keep our own graduates of the training school interested in continuing work at the hospital following graduation. I am sure the head of our training school, Miss Nelson, who is one of our own graduates, is quite concerned relative to this problem. You may not

be aware that we do not have enough graduate nurses to provide adequately the surgical nursing which is required. Some of you may not be aware of the fact that a new veterans' hospital will open sometime this year within a short distance from us. We cannot hope to compete in salaries with a government hospital which starts recent graduates at \$3,600.00 a year. Our ability to attract additional nurses for the bedside care of patients will depend upon offering them work which is of a more interesting nature and which can accomplish more good for the patient, the motivating factor in having them enter training in the first place. Throughout their period of training in our school we must constantly call their attention to the attraction of nursing in our hospital. In this regard, I call your attention to a trend in nursing at present which allies training schools with colleges or universities to offer college degrees as well as a nursing degree at the conclusion of training. This type of affiliation does not influence girls with this training to do bedside nursing, but rather leads them into the many other fields of nursing endeavor, including administrative and teaching work. That these fields must be provided for should, of course, be acknowledged but the great need in nursing today is for a greatly increased number of girls interested in carrying out the actual care of the sick in our hospitals.

During the past year, the surgical work in the hospital has been approximately the same as in the previous year. Listed below are the operations for 1951:

	<i>Deaconess</i>	<i>Palmer</i>	<i>Total</i>
Major	2295	912	3207
Minor	1632	962	2594
	3927	1874	5801
Transfusions	1846	433	2279
Total	5773	2307	8080

A total of 3,207 major procedures was carried out and a high proportion of these were of a very serious type. Approximately 2,300 blood transfusions were given, about 200 more than the previous year. The blood bank during this year has continued to function efficiently, which makes it possible to do these major procedures with the greatest possible safety. The surgical staff is deeply indebted to Dr. Kenton and his staff of nurses for providing this very necessary blood. It is, of course, impossible to do more

operative procedures in our present setup than were done this year but it will be possible, in the new operating suite, not only to increase the number but to work much more efficiently.

During the past few years, I have had the honor of serving in the capacity of surgeon-in-chief to this hospital. I have enjoyed the association with the administration, training school for nurses, and the various departments of the hospital and wish to acknowledge the cooperation and help which I have received. With the reorganization of the medical staff, Dr. Leland S. McKittrick becomes the surgeon-in-chief and I wish to take this opportunity to congratulate him as well as assure him that he will have the needed help and support.

RICHARD B. CATTELL, M.D.



REPORT OF THE PHYSICIAN-IN-CHIEF

During 1951 the occupancy of hospital beds continued at a high level in spite of some handicaps caused by alterations and the new construction now in progress. It is clear that the need for the services rendered at the New England Deaconess Hospital is generally recognized. Efforts to lower the cost of treatment by more intensive care have been continued. The following table shows that over the last seven years the average stay of patients in the hospital has been materially shortened.

<i>Year</i>	<i>Average Stay In Days</i>	<i>Total Patients Admitted</i>
1945	14.8	6910
1946	14.4	6838
1947	13.3	7624
1948	13.1	7700
1949	11.8	8249
1950	12.1	8327
1951	11.5	8499

In the year 1945, the number of patients admitted was 6910 and the average hospital stay was 14.8 days, while in 1951, 8499 cases were admitted for an average stay of only 11.5 days. The average hospital stay has, therefore, been shortened by about 22 per cent. This shorter stay has been made possible not only by new discoveries of drugs such as penicillin, streptomycin and new insulins, but also by improvements in surgical methods, earlier ambulation of patients, and especially by the intensive effort of physicians to utilize every means to expedite treatment. While the shorter hospital stay represents a trend in all general hospitals it is a particularly interesting development at the Deaconess Hospital because of the serious type of medical and surgical problems which we have and welcome here.

Using 1951 hospital rates as a base, this shorter stay saved patients \$680,000 during the year 1951.

The activities of the medical and surgical staffs have continued to expand. The use of the new auditorium has provided a place for staff meetings with improved programs and enlarged attendance. A special committee of the staff, after much consultation, produced plans for organization of the staff together with a new set of by-laws which will provide

for unification of the staff based upon the cooperation of three units, the Lahey Clinic, the Joslin Clinic and the General Staff. Continuing efforts of a special committee on staff membership are being made to provide for special needs and to maintain a large group of medical and surgical consultants in order that all patients coming to the hospital may be assured of any specialized services they require. An additional staff meeting directed by the Department of Pathology now takes place on Wednesday noon.

Teaching in the hospital should increase. Instruction in the field of medicine continues to include clinical instruction of limited groups of undergraduates from the three medical schools, postgraduate teaching for groups from both Harvard and Tufts and an increasing number of physicians who come to the hospital not only from this country, but from foreign countries for postgraduate work.

The library on the sixth floor of the Baker Building is of increasing usefulness to the members of the staff and to the large number of younger physicians serving as fellows undergoing instruction.

Plans for the new Diabetic Teaching Clinic have advanced. This Clinic would provide additional beds for ambulant patients who would require less nursing care and for whom hospital costs might be lessened.

The new auditorium has proved of great service to the staff and the School of Nursing. The seating arrangements are comfortable and the lighting excellent. This auditorium affords an opportunity for the hospital to initiate a program for the dissemination to the public of medical information. There is need for acquainting more individuals who can help on a volunteer basis to develop such a program.

The Medical Staff again expresses its warm appreciation to the School of Nursing and its Director for the high quality of nursing provided, to the Social Service Department and to the Administration for its generous cooperation.

HOWARD F. ROOT, M.D.

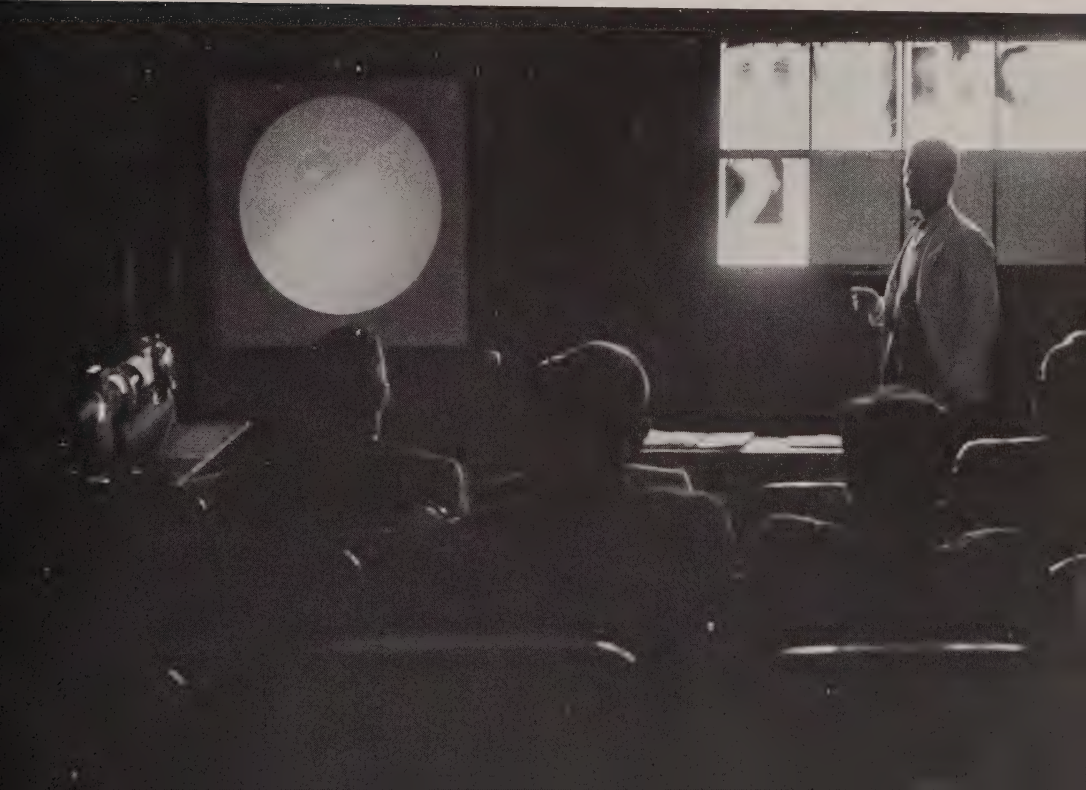
REPORT OF THE PATHOLOGIST-IN-CHIEF

During 1951 the work continued at about the same level as the preceding year with a steady increase in scarcity of skilled personnel. The building construction increased operating difficulties during the year but the good will and effort of the staff of the laboratory met these difficulties.

The work of the laboratories has been very materially strengthened by the integration of the Laboratory of Pathology of the Harvard Cancer Commission and the State Tumor Diagnosis Service.

We are fortunate in our senior staff in pathology which not only provides excellent service for patients but teaches residents and medical students. Through their interest, both in clinical problems and research, they bring the fruits of the laboratory directly to the aid of the patient and find in the problems of the patient a stimulus for research.

During the year weekly clinical-pathological necropsy conferences were started and are held every Wednesday noon. These meet with much



success and fill a long existing need. In addition every noon during the week a teaching conference is held for the resident group in pathology.

On July 1, 1951, Dr. Hicks completed his service as Pathologist to the Peter Bent Brigham Hospital and returned to the laboratory. We are very happy to welcome him back. This fall his work on the pathology of the brain received the national award of the United Cerebral Palsy Association.

SHIELDS WARREN, M.D.

Daily Pathology conferences
serve both for
diagnosis and teaching.



REPORT OF THE CANCER RESEARCH INSTITUTE

During the latter part of May the Cancer Research Institute was occupied by the various research groups and experimental activity began. On June 5 the building and Joslin Auditorium were dedicated, the beginning of a unique type of cancer research institute embodying (1) the Out-patient Cancer Clinic of the Deaconess Hospital, (2) the Cancer Control Division of the Harvard School of Public Health, (3) the Tumor Diagnosis Service of the Harvard Cancer Commission and (4) the experimental laboratory research groups in Biochemistry, Biophysics, Radiobiology, Hematology and Pathology.

During the year radioactive isotopes for diagnosis and therapy were made available to the staff of the hospital for their patients, work being aided by the completion of the Cancer Research Institute which provides excellent facilities for the preparation of radioactive isotopes for clinical use. Here experienced personnel has been utilized for the measurement and control of radioactive isotopes.

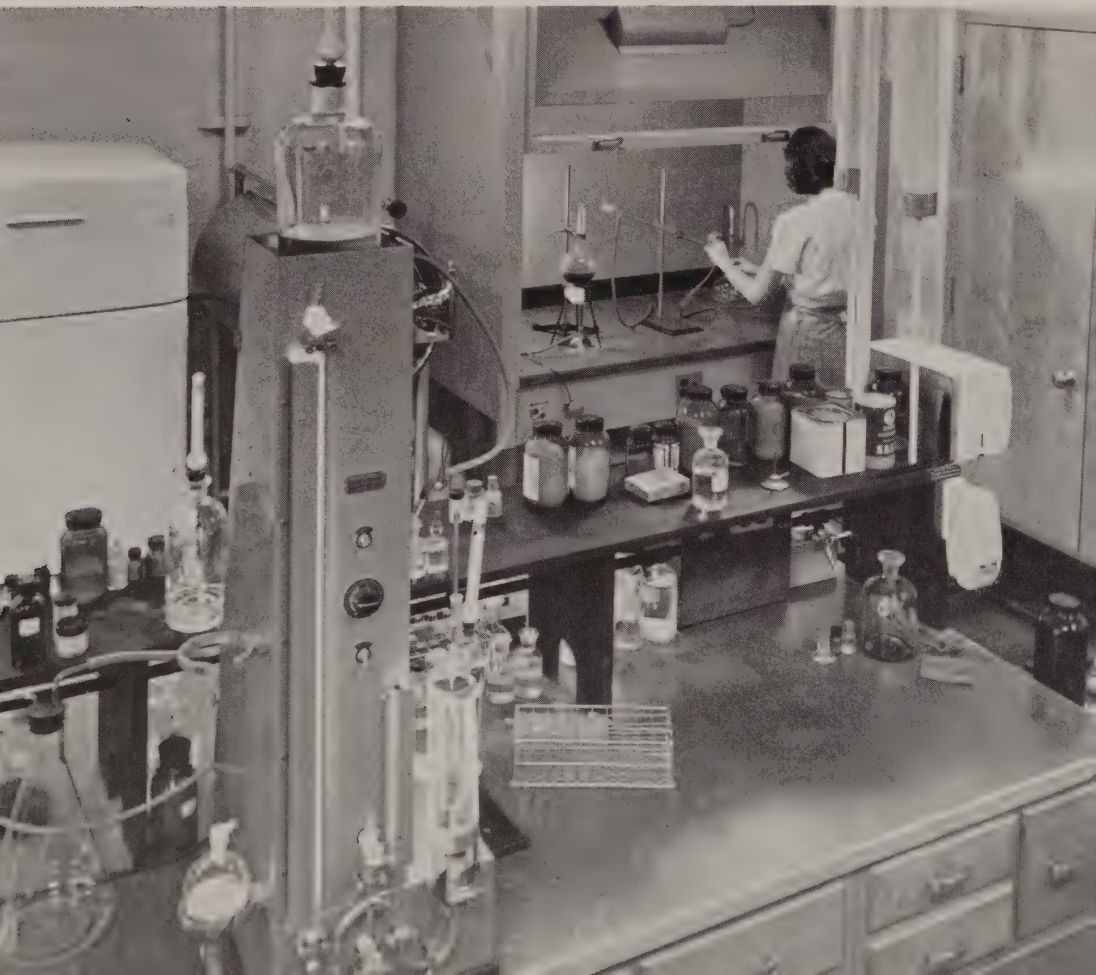
Research technician prepares tumor tissue for study.



The research work of the Cancer Research Institute is being carried on with the aid of grants from the U. S. Atomic Energy Commission, U. S. Public Health Service, the Anna Fuller Fund, the American Cancer Society, the Jimmy Fund, United Cerebral Palsy Association, and the Lederle Division of the American Cyanamid Company. The activities of the institute are supported completely by these research funds and do not represent a cost to the hospital or its patients, although they are a material asset to both.

In 1951 more than twenty-three publications by the research staff of the institute appeared in scientific journals. These publications cover a variety of radiation, cancer and growth studies in the fields of biology, biochemistry, biophysics, histochemistry, hematology and pathology. With the well organized and functioning research staff the outlook for continued fruitful research is most encouraging.

SHIELDS WARREN, M.D.



REPORT OF THE RADIOLOGIST-IN-CHIEF

We are happy to find that the total number of examinations for the year has again exceeded all former annual totals, the new figure being 19,308. The number of treatments for the year is 4,123, higher than for the two previous years, but is again below our all-time high.

Figures are not readily available to indicate the number of radiologic examinations carried out on neuro-surgical patients during previous years, but there seems little doubt that the number has been constantly increasing. It is well known that there are very few neuro-surgical services in the world as active as ours, and the department of roentgenology is proud to have a part in the study of these cases. Sixty-one brain tumors were operated upon in the hospital within the year, and the number of air studies carried out in the fluid pathways of the brain in these and other patients was 267. Injections of opaque media into the arteries of the brain were carried out in 252 patients with demonstrations of tumors, aneurysms, and congenital abnormalities. Studies of the spinal canal were carried out in 140 patients from the neuro-surgical service and 112 patients from the orthopedic service; these studies resulted in the finding of 13 spinal cord tumors, 2 cases of syringomyelia, and many ruptured intervertebral discs.

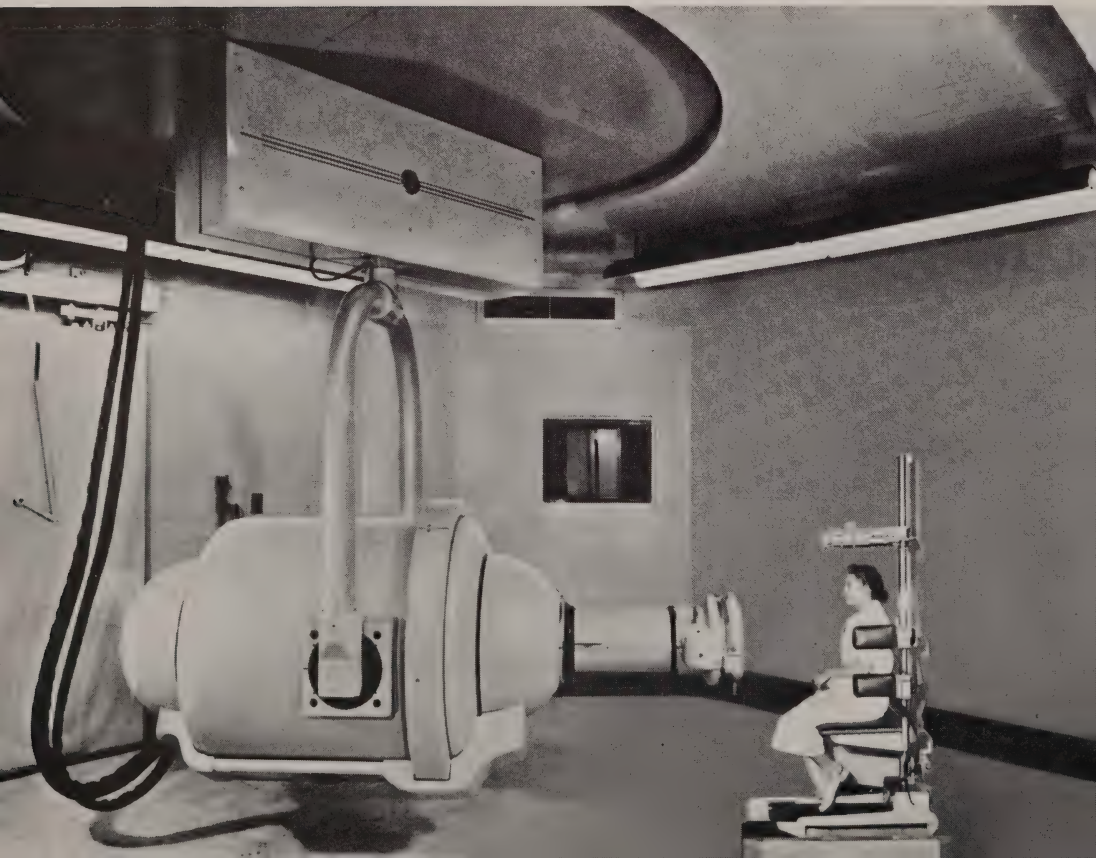
As indicated in the previous report, our interest in x-ray therapy continues, and we feel even more strongly now than formerly that our new building must include a machine capable of operating in the range of 2,000,000 volts. Less than a dozen such machines have been built for the treatment of cancer, but evidence is gradually accumulating to indicate that such a machine is of value in the treatment of certain inoperable tumors. The machine is expensive and requires a rather large and expensive room, but the cure of only a few otherwise hopeless patients would abundantly justify the cost. An effort is being made to acquaint the friends of the hospital with the project so that an order for the machine may be placed and its delivery assured by the time the new building is ready for occupancy.

As the year 1951 closes, we are very much disturbed by the fact that both of our residents have left without replacements being available. Dr. Robert A. Grugan assumed new duties as radiologist at the Springfield Hospital and Dr. Harold D. Rosenbaum left to complete his training at the Children's Hospital. It is evident that the shortage of applicants for residency in radiology and some of the other medical specialties is not a purely

local problem. Vacancies in approved hospitals (we are so approved) exist throughout the country, and in many of the large teaching hospitals, where residency appointments were formerly made at least a year in advance, the situation has changed to one of hand-to-mouth existence. One of the best and most elaborate residency programs in the country has been trimmed to modest proportions because candidates could not be found for the more elaborate program. The problem is one of nation-wide interest among radiologists and will be the chief topic for discussion at a meeting of teachers of radiology in February. There is a feeling on the part of many that the radiologist must cease to be an employee of the hospital if young men of high caliber are to be attracted into the specialty in adequate number.

All members of the department gain pleasure from their part in the care of the sick and wish to thank other members of the hospital family for their cooperation.

JOSEPH H. MARKS, M.D.





Mrs. Sheldon E. Wardwell
President of the Friends of the Deaconess.

REPORT OF THE FRIENDS OF THE DEACONESS

All our activities in 1951 were overshadowed by the illness and death of our late President, Mrs. Catherine Delano Grant. Her death in July was an irreparable loss, both to us and to the hospital.

As our major undertaking we started a nurses scholarship fund of \$10,000 as a memorial to Mrs. Grant; \$5,000 of this was contributed by her friends outside the hospital, and the remainder we have raised by projects, contributions and a gift from the Junior Friends.

I am happy to be able to report that the outside fund has exceeded its goal, and that ours is reached. The Catherine Delano Grant Nurses Scholarship Fund is now a reality, ready for an applicant from the September class.

The Annual Pops Concert took place in May, efficiently run this year by Mrs. F. Gorham Brigham, Jr. Jean Graham was our soloist, and the Junior Friends again sold flowers, which were donated, as their contribution. They were able to add almost \$200 to make our total \$1,200.

Also in May we held our annual Directors luncheon at the Brookline Country Club. Our June picnic was held at the home of Mrs. Shields Warren, and was a pleasant way to end our business year.

In October we were busy planning our annual meeting. Since this was held for the first time in the new Elliott P. Joslin Auditorium, it was appropriate that Dr. Joslin should be our guest speaker. At this meeting we changed our constitution to limit the terms of our officers to three years, with the exception of the treasurer.

November was filled with great preparations for our Rummage Sale which took place this year in the Brookline Town Hall. It was preceded by many "Bundle Teas" given by various members of the "Friends." We again raised over \$1,000.

The "Sadie Hagen Memorial Room" furnished by the "Friends" was also dedicated during this month.

The Surgical Dressings Group continues to meet each Wednesday morning and we are pleased that the attendance is increasing.

The Thrift Shop is once more open for business, and is thriving under the management of several "Friends." Food sales and bridge parties have also contributed to our fun and to our coffers.

Our new venture this year, and we are still working hard at it, was an attempt to increase our membership. One phase of this was to interest the "Women's Societies of Christian Service," and individual women of the Methodist Churches throughout New England. The result has been gratifying; we now have eleven life members and 418 regular members.

Contributions to the hospital for the year are as follows:

Catherine Delano Grant Scholarship Fund	\$ 5,000.00
Nursing Scholarships	1,000.00
New X-ray Machine	200.00
Building Fund	10,000.00

The latter was earned over a period of several years, and is to be added to the \$30,000 which we have already given the hospital for the new operating rooms in memory of Dr. Daniel Fiske Jones.

We are looking forward with much interest to 1952 and the completion of the new building which will give us a much larger scope for our activities.

HELEN G. WARDWELL



REPORT OF THE TREASURER

Financial Statement

WE HAD current assets available for use without any restrictions as follows:

Cash	\$ 44,789.22
Accounts receivable less reserve for uncollectible accounts	164,195.13
Inventories of supplies	123,129.48
Insurance prepaid	9,726.87
	\$ 341,840.70

OUR LIABILITIES to be met from the above assets consisted of accounts payable and accrued expenses . . . \$ 107,218.22

THE DIFFERENCE was the balance of our general fund, December 31, 1951, \$201,663.99 and provisions for alterations and improvements 32,958.49 \$ 234,622.48

WE HAD at December 31, 1951, unexpended balances of gifts and bequests for special purposes, endowment, building and equipment funds which are listed below with the kind of assets which represent them:

Unexpended balances of gifts and bequests for special purposes <i>represented by cash and investments</i>	\$ 159,078.16
Endowment funds and annuity reserve <i>represented by cash and investments</i>	\$1,105,948.86
Land, Buildings and Equipment Fund <i>represented by land, buildings and equipment, including Radium</i>	\$2,505,613.06
New Building Funds <i>represented by cash and investments and construction in progress</i> . . .	\$2,015,941.40
Pension Fund and Depreciation, Obsolescence and Construction Fund <i>represented by cash and securities</i>	\$ 110,000.00

WE EARNED by caring for and furnishing medicines and supplies to patients	\$2,520,807.11	
But we gave FREE TREATMENT of	\$144,516.58	
And experience has taught us to make provision for UNCOLLECTIBLE ACCOUNTS to the amount of	47,238.62	191,755.20
So that our NET HOSPITAL INCOME was	\$2,329,051.91	
THE DIRECT COST of providing care and supplies for patients including administration	2,305,624.88	
Resulting in a SURPLUS FROM OPERATIONS of	\$ 23,427.03	
We had OTHER INCOME as follows:		
Income from funds	91,238.82	
Donations	31,409.33	
		\$ 146,075.18
We made provision for:		
DEPRECIATION, OBSOLESCENCE AND CONSTRUCTION of	\$ 85,000.00	
PENSION FUND of	25,000.00	
ALTERATIONS and IMPROVEMENTS of	25,000.00	135,000.00
Which left a FINAL SURPLUS of	\$ 11,075.18	
This was transferred to the GENERAL FUND, an analysis of which follows:		
BALANCE ON JANUARY 1, 1951	\$ 105,793.73	
THE GENERAL FUND was increased by:		
Unrestricted legacies	94,795.08	
Surplus for year	11,075.18	
		\$ 211,663.99
IT WAS REDUCED BY:		
Transfer to Cancer Research Building Fund	10,000.00	
LEAVING A BALANCE IN THE GENERAL FUND ON DECEMBER 31, 1951 of	\$ 201,663.99	

FRANCIS W. CAPPER

INCOME AND EXPENSE DOLLAR

	1951	1950	1944
INCOME			
(in CENTS per DOLLAR of Income)			
was provided by—			
Income from patients	94.9	95.5	94.7
Restricted income	1.9	1.9	1.4
Unrestricted income	2.7	1.8	1.1
Other donations	.1	.8	1.9
Community Fund	.4	—	.9
Total Income Dollar	100.0	100.0	100.0
	1951	1950	1944
EXPENSE			
(in CENTS per DOLLAR of Expense)			
provided for—			
Professional care of patients	41.0	39.9	35.9
Dietary	18.1	19.5	26.6
Administrative and general	9.5	7.5	7.2
Housekeeping	5.4	5.1	6.6
Operation of plant	3.8	3.4	5.8
Free treatment	8.8	8.8	5.8
Maintenance and repair	3.5	3.3	3.8
Laundry and linen	2.6	2.6	3.8
Reserve for Extraordinary			
Maintenance	1.5	2.9	—
Provision for Depreciation	3.5	3.2	—
Other expenses	2.3	3.8	4.5
Total Expense Dollar	100.0	100.0	100.0

ENDOWMENT FUNDS

Income to be used for free beds

Mary V. Ackley Free Bed Fund.....	1936	\$ 3,000.00
Anonymous	1941	16,000.00
Adelaide Bunnell Allen Fund.....	1942	1,000.00
Julia A. Babcock Free Bed Fund.....	1929	200.00
George William Boyd Free Bed Fund.....	1909	5,000.00
Brandegee Foundation	1950	200.00
Abbie K. Chandler Free Bed Fund.....	1913	1,000.00
Georgette B. Coburn.....	1948	2,962.00
Mr. and Mrs. Costello C. Converse Free Bed Fund.....	1927	50,000.00
Fannie F. Eager Free Bed Fund.....	1908	5,000.00
George R. Eager Free Bed Fund.....	1921	5,000.00
Mr. & Mrs. William R. Elliott Free Bed Fund.....	1938	29,988.57
Free Bed for Eye Patients.....	1931	6,904.00
Edith W. Gallagher Fund.....	1933	10,000.00
Ferdinand C. Gammons Fund.....	1934	68,575.91
Nathan R. George Free Bed Fund.....	1943	29,197.38
Annie W. Gooding Free Bed Fund.....	1925	1,200.00
Isabella Louise Grant Free Bed Fund.....	1944	6,500.00
Lucy J. Haigh Free Bed Fund.....	1926	5,000.00
Bishop John W. Hamilton Free Bed Fund.....	1938	500.00
Mary Adeline Tobey Hastings Fund.....	1931	24,934.44
Elijah B. and Josephine M. Hine Room.....	1904	3,900.00
Abbie Hills Holbrook Bed Fund.....	1935	10,000.00
Ida Sinclair Holt Free Bed Fund.....	1927	25,000.00
Dr. Joshua C. Hubbard Free Bed Fund.....	1917	5,000.00
S. Elizabeth Huntington Free Bed Fund.....	1936	5,000.00
Soloman M. Hyams Free Bed Fund.....	1929	10,000.00
Linda May Jackson Free Bed Fund.....	1931	600.00
Deborah M. Josselyn Free Bed Fund.....	1917	346.40
Nellie Louise Kidder Free Bed Fund.....	1930	745.24
Kingsbury Fund for Aliens.....	1911	678.05
Aimee Lamb Free Bed Fund.....	1931	5,000.00
Effie E. Lord Free Bed Fund.....	1941	1,000.00

Flora E. MacGlauffin Free Bed Fund.....	1933	\$ 5,000.00
Mary L. McIntyre Fund.....	1942	1,000.00
George H. Maxwell Fund.....	1927	10,000.00
Sarah K. Morse Fund.....	1928	1,758.00
Nellie S. Moulton Free Bed Fund.....	1931	300.00
New England Deaconess Alumnae Association Free Bed Fund	1931	10,200.00
New Hampshire Conference Free Bed Fund.....	1916	1,019.36
John A. Ordway Fund.....	1942	5,000.00
Albert N. Parlin Free Bed Fund.....	1930	50,000.00
Abbie S. Peasley Free Service Fund.....	1917	475.00
Mary E. Pickering Free Bed Fund.....	1926	500.00
Anna M. Pickford Memorial Free Bed Fund.....	1927	25,000.00
Georgia M. Whidden Porter Free Bed Fund.....	1938	20,696.84
Howard M. Ray Memorial Fund.....	1937	300.00
Mrs. Hannah R. Richards Memorial Fund.....	1923	1,000.00
Mary Elizabeth Slack Free Bed Fund.....	1944	25,000.00
Mary L. Smith Free Bed Fund.....	1951	5,000.00
Emma A. Ward Fund.....	1941	1,896.23
Catherine E. Watson Free Bed Fund.....	1923	5,000.00
Sarah Wheeler Free Bed Fund.....	1948	4,000.00
Annie W. Woolson Free Bed Fund.....	1920	5,000.00

Income to be used for special purposes

Jane G. A. Carter Orthopedic Fund.....	1928	1,000.00
John Howard Charlton Fund.....	1942	1,000.00
Mary E. Holt Room Fund (Furnishings).....	1911	1,000.00
Sylvester Kimball Fund (Furnishings).....	1923	500.00
Gallah Levi Fund (Furnishings).....	1914	1,000.00
Mary DeShon Lowell Fund.....	1928	671.00
Fannie Kimball Morse and May Conant Morse Fund.....	1923	1,000.00
Walter S. North Fund for Study and Care of Diabetes.....	1941	1,000.00
Wendell Phillips Parker Fund.....	1945	1,040.00
William L. Shearer Fund.....	1932	10,000.00
Louise O. Twombly Fund.....	1937	100.00
F. B. and G. A. Webster Fund.....	1923	8,887.33
A. A. West and G. B. West Fund.....	1950	5,000.00
William F. Willman Fund.....	1934	4,887.33

Income to be used for general purposes

Malon H. Bancroft Fund.....	1947	\$ 1,740.51
Ada S. Blair Fund.....	1926	4,750.00
Elizabeth A. Botsford Fund.....	1946	10,000.00
John and Harriet Champfrey Fund.....	1923	3,063.36
Philip Chase Fund.....	1938	50.00
Clark Fund	1900	2,910.00
Chester C. Corbin Fund.....	1917	100,000.00
Clara L. Crawford Fund.....	1925	5,000.00
Bertrand V. Degan Fund.....	1947	3,000.00
Francis J. Douglas Fund.....	1926	500.00
Roswell L. Douglas Fund.....	1922	2,500.00
Inez E. Fisher Fund.....	1947	16,047.33
Mary George Fund.....	1915	1,000.00
Sarah R. Griffin Fund.....	1918	7,000.00
Francis W. Hale Fund.....	1935	1,000.00
Florence S. Haskins Fund.....	1949	5,000.00
Charles W. Haworth Fund.....	1936	300.00
Alice Hiscox Fund.....	1945	1,000.00
Margaret E. Johnston Fund.....	1926	2,500.00
Daniel Fiske Jones Memorial Fund.....	1938	5,000.00
George W. Lawrence Fund.....	1947	171,829.63
Maud G. Leadbetter Fund.....	1945	1,000.00
Edward E. Mallalieu Fund.....	1947	29,190.88
Willard Taylor Perrin and Lucy E. Perrin Memorial Fund..	1939	13,010.97
Chaplain and Mrs. Charles A. Plumer Fund.....	1922	200.00
Herman and Emma Richter Fund.....	1929	2,301.46
Elizabeth Clarke Rogers Fund.....	1928	5,000.00
Sophie K. Rousmaniere Fund.....	1945	15,000.00
Andrew T. Sampson Fund.....	1949	2,408.40
Georgianna B. Sargeant Fund.....	1935	2,000.00
Smith-Hamilton Fund	1936	42,600.00
Ella Gertrude Spalding Fund.....	1934	2,114.87
Edward W. Swan Fund.....	1946	33,743.96
George H. Swift Fund.....	1951	5,729.80
Sarah S. Swift Fund.....	1929	2,275.70
Alice Wheeler Fund.....	1939	8,553.19

THE HOSPITAL'S MAJOR NEEDS

Two million volt X-ray machine

Cost	\$125,000.	
Installation	75,000.	
		\$200,000.
Laundry Building extension		\$ 50,000.
Nurse-Patient intercommunication system		\$ 15,000.
Telephone dictating records system for use of Medical Staff		\$ 10,000.
Bookkeeping machine		\$ 4,000.
Operating tables — 5		\$ 2,000. each
Operating room lights — 7		\$ 1,200. each
Surgical cauterizing machines — 3		\$ 1,000. each
Electrocardiograph		\$ 750.
Examining tables — 6		\$ 300. each
Wheel stretchers — 15		\$ 140. each
Surgery instrument tables — 10		\$ 116. each
Surgical beds with gatch springs — 75		\$ 80. each
Mattresses — 75		\$ 30. each

A SUGGESTION

The inspiration behind more than a half-century of distinguished leadership and service of the New England Deaconess Hospital has been the desire to care for those who are not able to care for themselves. Today the need for such medical care is greater than ever.

Why not let skilled workers be the servants of your good will and begin our active association in a great cause by using one of these forms.

Form of Donation

New England Deaconess Hospital
FRANCIS W. CAPPER, *Treasurer*
16 Deaconess Road, Boston 15, Massachusetts

Enclosed find \$.....as my contribution toward relieving the suffering of the poor.

NAME

ADDRESS

.....

Make all checks payable to the New England Deaconess Hospital,
Boston 15, Massachusetts

Form of Bequest

I give and bequeath the sum of

.....dollars
to the New England Deaconess Hospital, a corporation duly organized under the laws of the Commonwealth of Massachusetts, to be used in such manner as may be considered most expedient by the Board of Trustees.

NAME

ADDRESS

.....

Date.....

DEACONESS HOSPITAL